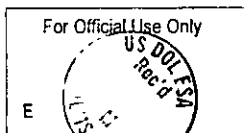


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10097</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Paul J McNally  P.O. Box, Bldg., Room No., if any  Street 7 LABORERS' WAY  City HOPKINTON  State Massachusetts ZIP Code + 4 01748	4. Name, file number, and address of labor organization.  Name MASSACHUSETTS LABORERS' DISTRICT COUNCIL  Labor Organization File Number <b>014274</b>  P.O. Box, Building and Room Number, if any  Street 7 LABORERS' WAY  City HOPKINTON  State Massachusetts ZIP Code + 4 01748
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  N/A  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/12/2005	508-435-4164
	Date	Telephone Number

Name of Person Filing Paul McNally	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name New England Laborers' Training Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 37 East Street</p> <p>City Hopkinton</p> <p>State Massachusetts ZIP Code + 4 01748</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Training / Education Trust Fund for affiliates of the New England States</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Luncheon (\$62.33)</p> <p>Holiday Fruit Basket, Turkey, Squash (\$66.58)</p>
	<p>12.b. Amount. \$129</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Paul McNally	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Massachusetts Laborer Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14 New England Executive Park</p> <p>City P.O. Box 4000</p> <p>State Massachusetts ZIP Code + 4 01803-0900</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Health &amp; Welfare Benefits to covered union members in Massachusetts, Maine, New Hampshire and Vermont</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Multi-day Trustee Meeting Hotel Room Charge</p>
	<p>12.b. Amount. \$717</p>

Name of Person Filing Paul McNally	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NE Laborers Labor Management Cooperation</p> <p>Trade Name, if any: New England Lecet</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 226 South Main Street</p> <p>City Providence</p> <p>State Rhode Island ZIP Code + 4 02903</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td data-bbox="812 735 1526 1071"> <p>11.a. Nature of such dealing.</p> <p>Labor Management Cooperation Trust Fund for affiliated Local union in the New England States</p> </td> </tr> <tr> <td data-bbox="812 1071 1526 1123"> <p>11.b. Approximate dollar value of such dealing.</p> </td> </tr> <tr> <td data-bbox="812 1123 1526 1470"> <p>12.a. Nature of interest held or income received.</p> <p>TriFund Meeting Orlando Florida 1/04</p> <p>Trustee Expenses \$3,000</p> <p>Reception \$103.52</p> </td> </tr> <tr> <td data-bbox="812 1470 1526 1512"> <p>12.b. Amount. \$3,104</p> </td> </tr> </table>	<p>11.a. Nature of such dealing.</p> <p>Labor Management Cooperation Trust Fund for affiliated Local union in the New England States</p>	<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p>TriFund Meeting Orlando Florida 1/04</p> <p>Trustee Expenses \$3,000</p> <p>Reception \$103.52</p>	<p>12.b. Amount. \$3,104</p>
<p>11.a. Nature of such dealing.</p> <p>Labor Management Cooperation Trust Fund for affiliated Local union in the New England States</p>					
<p>11.b. Approximate dollar value of such dealing.</p>					
<p>12.a. Nature of interest held or income received.</p> <p>TriFund Meeting Orlando Florida 1/04</p> <p>Trustee Expenses \$3,000</p> <p>Reception \$103.52</p>					
<p>12.b. Amount. \$3,104</p>					

Name of Person Filing MICHAEL TRANGHESE	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name MA Laborers Joint Labor Management Unified</p> <p>Trade Name, if any: MA Laborers' Unified Trust</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7 Laborers' Way</p> <p>City Hopkinton</p> <p>State Massachusetts ZIP Code + 4 01748</p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Market Recovery Fund</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>Trustee Breakfast Meeting (\$46.48)</p> <p><b>12.b. Amount.</b> \$47</p>

**ADDENDA TO THE LM-30 FORM WHICH IS TO BE  
INCORPORATED AND MADE PART OF THE LM-30 FORM**

**ADDENDUM A (UNSOLICITED GIFTS OR PROMOTIONAL ITEMS)**

On several occasions in 2004, I recall that I was given (a) complimentary promotional item(s), such as a (clothing item, accessory or printed material with LIUNA logo, etc ) At no time did I solicit such item(s), and they were sent to my office without my prior knowledge or authorization I did not retain possession of any of these items nor did any member of my family I have no knowledge as to the value of the item(s), and do not recall the manufacturer or provider of such (an) item(s)

**ADDENDUM B (UNSOLICITED HOLIDAY GIFTS)**

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items a (wine and cheese basket, fruit basket, holiday ham, holiday turkey, gourmet foods, etc ) At no time did I solicit such item(s), it/they were sent to my office without my prior knowledge or authorization I did not retain possession of any of these items, as I shared them with the individuals in my office My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed ' C F R 2635 205

**ADDENDUM C (UNSOLICITED GIFTS-HOTEL)**

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket bottle of wine or spirits, etc I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item

**ADDENDUM D (UNSOLICITED GIFTS-GOLF)**

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc , in connection with a round of golf, which I have reported At no time did I solicit such and item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item

#### **ADDENDUM E (MEALS/EVENTS WITH FRIENDS)**

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

#### **ADDENDUM F (MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

#### **ADDENDUM G (PAC)**

I am not reporting any benefits that I may have received from a political action committee (PAC). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

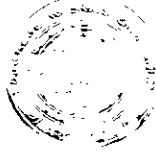
#### **ADDENDUM H (UNION TO UNION BENEFITS)**

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

MASSACHUSETTS LABORERS' DISTRICT COUNCIL  
of the Laborers' International Union of North America, AFL-CIO

7 Laborers' Way  
Hopkinton, Massachusetts 01748  
Fax (508) 435-7982

Hopkinton Telephones:  
(508) 435-4164  
(508) 435-4253



Boston Telephones:  
(617) 969-4018  
(617) 969-4019



August 12, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

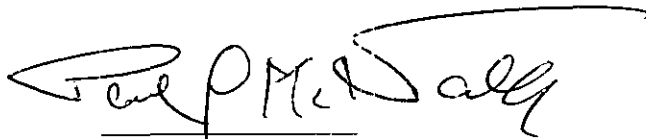
As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

*U.S. Department of Labor*  
*Page 2*

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. McNally". The signature is stylized with a large, sweeping initial "P" and a long horizontal stroke extending to the right.

Paul J. McNally  
Business Manager  
Mass Laborers' District Council